District Office Profile Partnership for Success Grant Brattleboro District Office



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Purpose of this profile

- This profile includes estimates of substance use/abuse prevalence based on National and State surveys as well as data to assist the District Offices and sub-recipients to focus on the following priorities:
 - Increase state, regional and community capacity to prevent underage drinking and prescription drug use by implementing a targeted regional approach to Partnership for Success implementation.
 - Reduce underage and binge drinking among persons aged 12 to 20.
 - Reduce prescription drug misuse and abuse among persons aged 12 to
 25.
- This profile is provided by the Division of Alcohol and Drug Abuse Programs (ADAP), the State Epidemiological Outcomes Workgroup (SEOW) and the Research, Epidemiology, and Evaluation Unit of the Vermont Department of Health, Center for Health Statistics as a resource to the District Offices participating in the Partnership for Success Grant II (Substance Abuse and Mental Health Services Administration [SAMHSA] Grant Number: 1U79SPo19423-01).

Demographics: Youth by District Office

Race/Ethnicity by County (percent of 10-24 year olds) Census Bureau 2010

	# and % of VT 10-24 year olds			rict 10-24 by gender	% of District that is 10-24 years old
	Number	Percent	Female	Male	Percent
Burlington	39,132	31%	50%	50%	25%
Bennington	6,958	5%	51%	49%	19%
White River Jct.	8,568	7%	48%	52%	18%
Rutland	11,902	9%	48%	52%	19%
Springfield	5,386	4%	49%	51%	16%
Newport	4,879	4%	47%	53%	17%
St. Johnsbury	6,784	5%	48%	52%	19%
Barre	12,495	10%	45%	55%	19%
Brattleboro	6,624	5%	47%	53%	18%
St. Albans	10,236	8%	48%	52%	19%
Middlebury	8,580	7%	48%	52%	23%
Morrisville	5,956	5%	48%	52%	19%
Vermont	127,500	100%	48%	52%	20%

Demographics: Race by County

Race/Ethnicity by County (percent of county population) Census Bureau 2010

Ruce/Emilien's by Coomy (percent of Coomy population) Census Boreau 2010					
County	White	Black	Hispanic	Asian	American Indian/Alaskan Native
Addison	95.7%	0.9%	1.9%	1.5%	0.3%
Bennington	96.8%	0.9%	1.5%	0.7%	0.3%
Caledonia	96.5%	0.7%	1.2%	0.9%	0.5%
Chittenden	92.6%	2.2%	1.9%	3%	0.3%
Essex	97.4%	0.3%	1.1%	0.3%	0.6%
Franklin	95.8%	0.6%	1.3%	0.5%	1%
Grand Isle	95.3%	0.5%	1.3%	0.4%	1%
Lamoille	96.8%	0.8%	1.4%	0.6%	0.5%
Orange	97.2%	0.4%	1.1%	0.6%	0.3%
Orleans	96.9%	0.7%	1.2%	0.4%	0.5%
Rutland	97.3%	0.6%	1.2%	0.6%	0.3%
Washington	96.3%	0.8%	1.7%	0.9%	0.3%
Windham	95.7%	1.1%	1.9%	1.1%	0.3%
Windsor	96.4%	0.7%	1.3%	1%	0.3%
Vermont	95.5%	1.1%	1.6%	1.4%	0.4%

Prevalence: High School Youth

Percent of students reporting past 30 day alcohol and binge drinking, and lifetime prescription drug use

Youth Risk Behavior Survey 2007-2011 grades 9th – 12th

	2007		2009		2011		
	VT	Brattleboro	VT	Brattleboro	US	VT	Brattleboro
Alcohol Use							
(past 30 days)	43%	44%	39%	39%	39%	35%	39%
Binge Drinking							
(past 30 days)	26%	28%	23%	24%	22%	21%	23%
Prescription Drug							
(lifetime)	NA	NA	17%	21%	NA	14%	21%

In 2011, the Brattleboro District had a statistically higher prevalence than the state prevalence for alcohol use and prescription drug misuse, and a similar prevalence for binge drinking.

For more information on Middle School youth please see the Middle School report at: http://healthvermont.gov/research/yrbs/2011/index.aspx#statewide

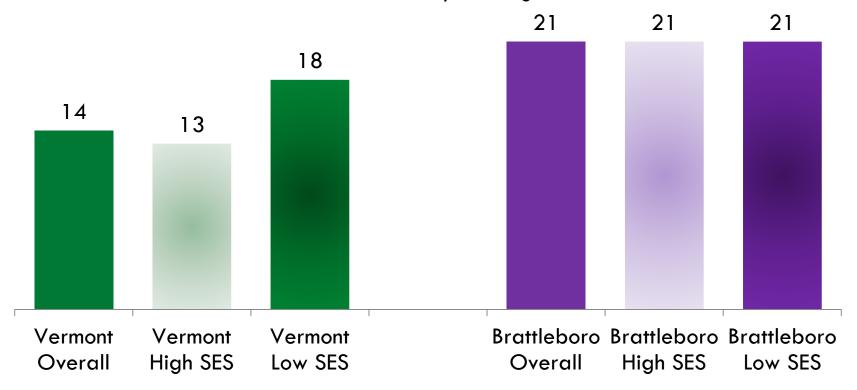
Disparities in Prevalence: High School Youth

- Racial disparities in substance use by district office were not significant given the small numbers of minority students in Vermont
- Socioeconomic status is an important social determinant of health and was found to be associated with prescription drug misuse in Vermont
 - Socioeconomic status was determined by the student's reported maternal level of education (high school or less versus more than high school)
 - This measure is a validated proxy for socioeconomic status among this age group

Disparities in Prevalence: High School Youth

Percent of students reporting lifetime prescription drug use by socioeconomic status (SES is maternal level of education: high school or less versus more than high school)

Youth Risk Behavior Survey 2011 grades 9th – 12th

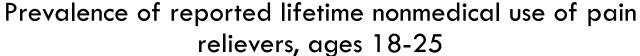


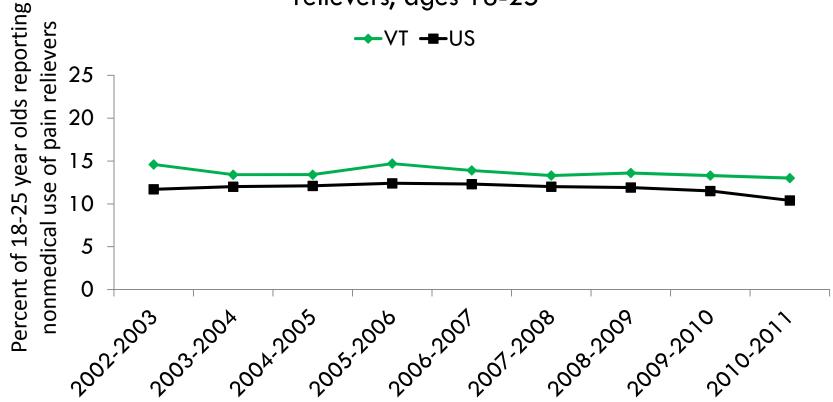
Prevalence of prescription drug misuse by SES in the Brattleboro District was not statistically different. However, the overall prevalence is statistically higher than the state.

Prevalence: 18-25 Year Olds

- Page 10 presents state-level trend data from the National Survey on Drug Use and Health (NSDUH) on nonmedical use of pain relievers among 18-25 year olds from 2002-2010. Substate data collected by NSDUH do not show any regional differences in the prevalence of nonmedical use of pain relievers (note that District Office-level data is not available).
- Additional information on young adults can be found in statewide reports from the Behavioral Risk Factor Survey System (BRFSS) and Core Survey (college students):
 - BRFSS: http://healthvermont.gov/research/brfss/reports.aspx
 - CORE: request a copy from Amy Livingston (<u>alivingston@pire.org</u>)

Prevalence: National Survey on Drug Use and Health



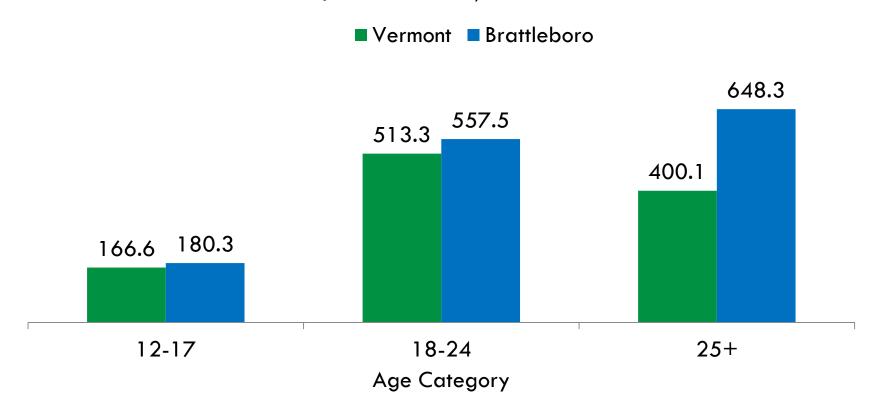


Emergency Department Discharge Rates

- The Vermont Unified Hospital Discharge Data Set (VUHDDS) provides information on emergency department discharge rates (pages 12 and 13)
 - Diagnosis codes were identified for any alcohol use/abuse
 and any prescription drug use/abuse
 - Emergency Department Discharge Rates are the number of discharges per 10,000 Vermonters by age category
 - □ The latest complete VUHDDS data are from 2009
 - Zip code was used to determine if a Vermont resident lived in Brattleboro District (where the patient was hospitalized was not taken into consideration)
 - Data are from hospitals in Vermont, New Hampshire, New York and Massachusetts

Emergency Department Discharge Rates

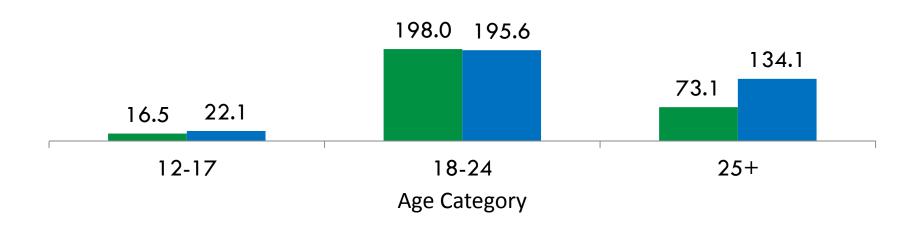
Emergency Department Discharge Rate per 10,000 People for Any Alcohol Use/Abuse, 2009



Emergency Department Discharge Rates

Emergency Department Discharge Rates per 10,000 People for Any Prescription Drug Misuse/Abuse, 2009

■ Vermont ■ Brattleboro



Risk and Protective Factors for Substance Use

Percent of students reporting risk or protective behavior Youth Risk Behavior Survey 2011 grades $9^{th} - 12^{th}$

Risk/Protective Factor	Vermont	Brattleboro	Compared to VT
Drank before age 13	16%	17%	Same
Felt valued by Community	51%	46%	Worse
Believe it is easy to get alcohol	73%	77%	Worse
Think people their age risk harming themselves binge drinking	36%	33%	Same

Consequences of Substance Use: High School Youth

Percent of students reporting a consequence of substance use Youth Risk Behavior Survey 2011 grades $9^{th} - 12^{th}$

Consequences	Vermont	Brattleboro	Compared to VT
Rode with a drunk driver in the past 30 days	22%	23%	Same
Drove while drunk in the past 30 days	7%	8%	Same

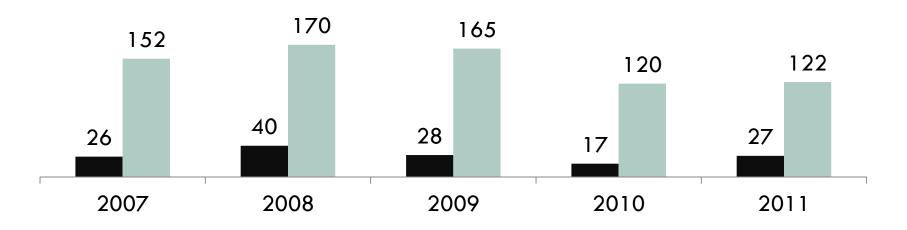
Treatment For Substance Abuse

- ADAP collects data on Vermonters treated for substance use
 - These data are specific to the treatment sponsored by ADAP for youth who are residing in the Brattleboro District
 - These data are not prevalence data, and a decrease in the number treated may represent a change unrelated to prevalence such as: a decrease in access, a decrease in funding, or a decrease in those needing treatment (among others)

Treatment For Substance Abuse

The number of Vermonters Treated for Substance Abuse in the Brattleboro District by Age Category

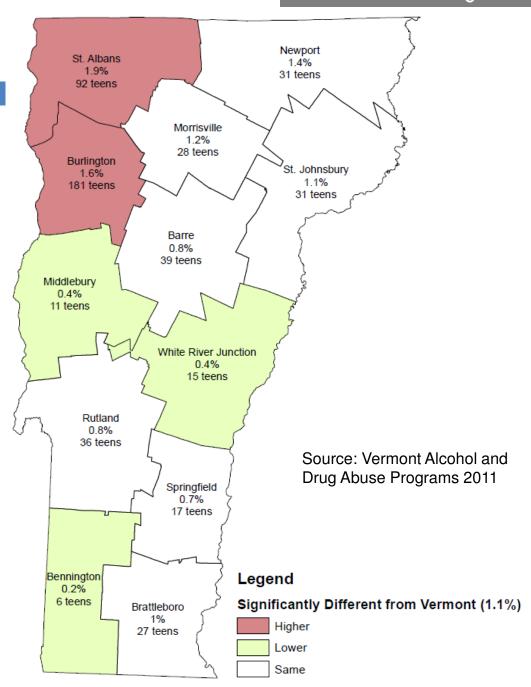
■12-17 **■**18-25



Treatment For Substance Abuse

Percent (and number) of all teens 12-17 years old in substance abuse treatment by District, 2011

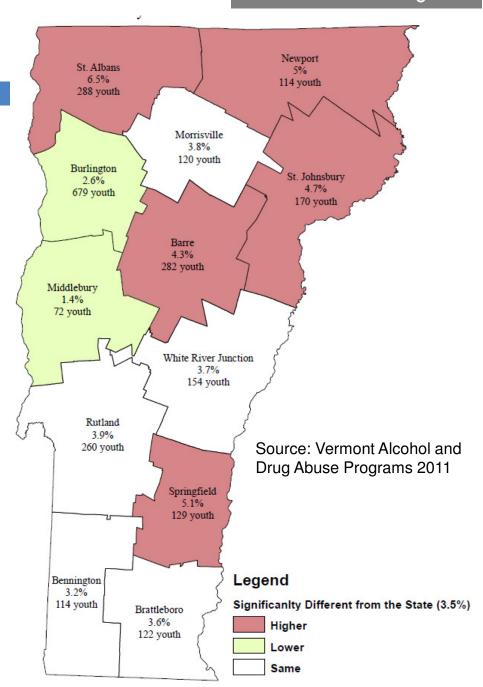
- 1.1% of all Vermont teens
 between 12 and 17 years old
 received treatment for
 substance abuse in 2011
- 1% of Brattleboro District teens between 12 and 17 years old received treatment for substance abuse in 2011
- Brattleboro District has a similar percent of teens in treatment compared to the state



Treatment For Substance Abuse

Percent (and number) of all youth 18-25 years old in substance abuse treatment by District, 2011

- 3.5% of all Vermont young adults between 18 and 25 years old received treatment for substance abuse in 2011
- 3.6% of Brattleboro District young adults between 18 and 25 years old received treatment for substance abuse in 2011
- Brattleboro District has a similar percent of young adults in treatment compared to the state

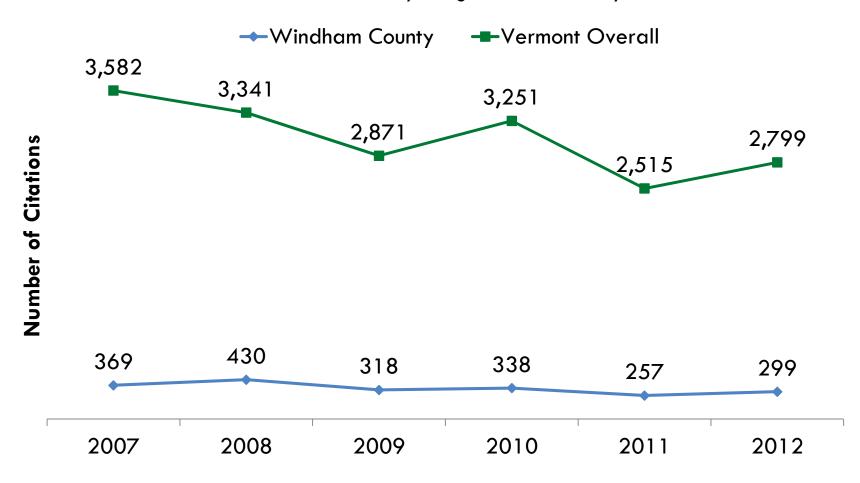


Capacity Building

- The Teen Alcohol Safety Program (TASP) is operated under the Court Diversion programs run by the Office of the Attorney General
 - Page 21 presents the number of Vermonters under the age of 21 cited for consuming or possessing an alcoholic beverage, using a fake ID, or asking another to purchase alcohol for them
- Law enforcement officers from the Department of Liquor
 Control (DLC) conduct checks of compliance with the minimum
 legal purchasing age (MLPA) law
 - Page 22 presents the percent and number of compliance checks
 - These data are available in detail from the DLC
- Page 23 shows ADAP funds School-Based Substance Abuse
 Service Grants

Teen Alcohol Safety Program Citations

Number of Teen Alcohol Safety Program Citations by Fiscal Year



Department of Liquor Control Compliance Checks

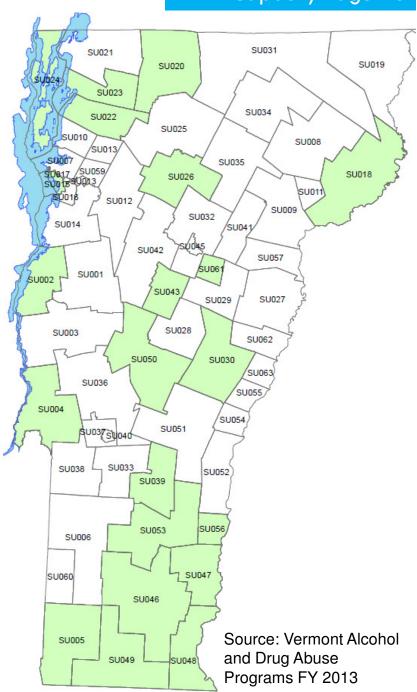
Compliance Checks for 1st and 2nd Class Licensees, Dept. of Liquor Control 2012

County	# Checked	# Passed	Percent Passed
Addison	10	9	90%
Bennington	19	13	68%
Caledonia	12	12	100%
Chittenden	65	59	91%
Essex	2	2	100%
Franklin	11	10	91%
Grand Isle	3	2	67%
Lamoille	18	17	94%
Orange	3	3	100%
Orleans	14	14	100%
Rutland	31	31	100%
Washington	19	16	84%
Windham	23	21	91%
Windsor	20	20	100%
Vermont	250	229	92%

Capacity Page 23

School-Based Grants

- Supervisory Unions funded for Fiscal Year 2013 with School-Based Substance Abuse Service Grants (in green).
- The purpose of these three year grants is to provide and enhance substance abuse prevention and early intervention services in Vermont schools, leading to reductions in students' alcohol and other drug use.



Conclusion and Contacts

- These data are presented to assist the District Offices in all types of planning, needs assessment, community outreach, and prevention work surrounding alcohol use, binge drinking and prescription drug misuse.
- □ Please contact:

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